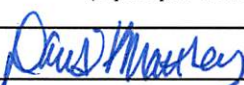


AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME David Matthews		2. PHONE NUMBER 713-522-5250		3. DATE 06/18/2019	
4. FIRM NAME Matthews & Associates					
5. MAILING ADDRESS 2905 Sackett Street			6. CITY Houston		7. STATE TX
			8. ZIP CODE 77098		
9. CASE NUMBER 2:15-md-02641-DGC		10. JUDGE Campbell		DATES OF PROCEEDINGS	
				11. 05/29/2019	
				12. 05/29/2019	
13. CASE NAME Bard IVC Filters Products Liability Litigation		LOCATION OF PROCEEDINGS			
		14. Phoenix		15. STATE AZ	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
DATE(S)		DATE(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				05/29/2019	
<input type="checkbox"/> BAIL HEARING				Hearing-Mtn Est. CBF	
				pursuant to CMO 6	
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	
ESTIMATED COSTS					
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS brenda@freeseandgoss.com	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).					
19. SIGNATURE 					
20. DATE June 18, 2019				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
TRANSCRIPT TO BE PREPARED BY					
				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
				PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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